

ROBERT E. BUSHNELL\*†



01/02/02

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 + ADMITTED IN PENNSYLVANIA  
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Assistant Commissioner for Patents  
 Washington, D.C. 20231

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2 January 2002

INTELLECTUAL PROPERTY LAW

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Attorney Docket: P56631



Sir:

Submitted herewith is the following patent application:

**Inventor:** 1) YONG-SEOK SONG  
 2) SUNG-JUN AN  
 3) DO-HYOUNG KIM

**Title:** ELECTRON GUN FOR COLOR CATHODE RAY TUBE

Please find attached hereto an application for patent which includes: Specification and Abstract, Claims, original Declaration And Power of Attorney, Assignment, and a certified copy of the foreign priority document identified below:

Verified Showing of Small Entity Status: **NO**

Drawings: Formal drawings, 9 sheets, Figures 1 through 7

Claim of priority under 35 U.S.C. §119: **YES**

\*\* The Republic Of Korea Application No. 2001-26 filed on 2 January 2001.

**FEE (see formula below): CHECKS ARE ENCLOSED (#40860 and #40861)**

|                                  |                 |
|----------------------------------|-----------------|
| <b>Basic Fee</b> \$370/740 ..... | <b>\$740.00</b> |
|----------------------------------|-----------------|

**Additional Fees:**

|  |               |
|--|---------------|
| Total number of claims in excess of 20: ___ times \$9/18 . | <b>\$0.00</b> |
|--|---------------|

|  |               |
|--|---------------|
| Number of independent claims in excess of 3: ___ times \$42/84 ..... | <b>\$0.00</b> |
|--|---------------|

|   |               |
|---|---------------|
| Multiple Dependent Claims \$140/280 ..... | <b>\$0.00</b> |
|---|---------------|

|  |                |
|--|----------------|
| An Assignment is likewise enclosed: Recording Fee \$40 . . | <b>\$40.00</b> |
|--|----------------|

|  |               |
|--|---------------|
| Filing Non-English specification ..... | <b>\$0.00</b> |
|--|---------------|

|   |                 |
|---|-----------------|
| <b>TOTAL FEES FOR THE ABOVE APPLICATION .....</b> | <b>\$780.00</b> |
|---|-----------------|

**Inventor:** 1) YONG-SEOK SONG  
2) SUNG-JUN AN  
3) DO-HYOUNG KIM

**Title:** ELECTRON GUN FOR COLOR CATHODE RAY TUBE

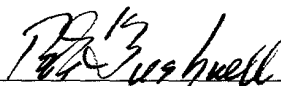
Assistant Commissioner is authorized to charge our Deposit Account No. 02-4943 for any additional charges necessary towards payment of the filing fee for the above-referenced application. Please notify the undersigned attorney of any transaction regarding our Deposit Account.

In view of the above, it is requested that this application be accorded a filing date pursuant to 37 CFR 1.53(b).

Please address all correspondence to:

Robert E. Bushnell  
1522 K Street, N.W.  
Suite 300  
Washington, D.C. 20005

Respectfully submitted,

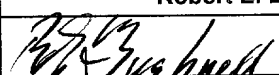
  
\_\_\_\_\_  
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| <h1 style="margin:0;">FEE TRANSMITTAL</h1> <p style="margin:5px 0;">Patent fees are subject to annual revision.</p>  |              | Complete If Known   |          |  |              |                |          |                 |          |              |          |                    |          |          |          |                    |          |                        |          |     |     |                                   |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |              |      |  |    |                    |         |     |        |   |    |     |     |     |    |  |    |     |     |     |     |   |    |     |     |     |     |  |    |     |       |     |     |   |    |     |       |     |     |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |  |  |  |  |                           |    |  |  |  |  |                           |    |
|--|--------------|---|----------|--|--------------|----------------|----------|-----------------|----------|--------------|----------|--------------------|----------|----------|----------|--------------------|----------|------------------------|----------|-----|-----|-----------------------------------|-----|-----------------------------------|----|-----|-----|--|-----|---------------------------------------|-----|-----|-----|---------------------------|-----|--|-------|-----|-------|--|----|--|------|--------------|------|--|----|--------------------|---------|-----|--------|---|----|-----|-----|-----|----|--|----|-----|-----|-----|-----|---|----|-----|-----|-----|-----|--|----|-----|-------|-----|-----|---|----|-----|-------|-----|-----|--|----|-----|-----|-----|-----|------------------|----|-----|-----|-----|-----|--|----|-----|-----|-----|-----|--------------------------|----|-----|-------|-----|-------|---|----|-----|-----|-----|----|----------------------------------|----|-----|-------|-----|-----|------------------------------------|----|-----|-------|-----|-----|--------------------------------|----|-----|-----|-----|-----|------------------|----|-----|-----|-----|-----|-----------------|----|-----|-----|-----|-----|-------------------------------|----|-----|----|-----|----|---|----|-----|-----|-----|-----|--|----|-----|----|-----|----|--|---------|-----|-----|-----|-----|---|----|-----|-----|-----|-----|--|----|--|--|--|--|---------------------------|----|--|--|--|--|---------------------------|----|
|  |              | Application Number  |          | To be Assigned   |              |                |          |                 |          |              |          |                    |          |          |          |                    |          |                        |          |     |     |                                   |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |              |      |  |    |                    |         |     |        |   |    |     |     |     |    |  |    |     |     |     |     |   |    |     |     |     |     |  |    |     |       |     |     |   |    |     |       |     |     |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |  |  |  |  |                           |    |  |  |  |  |                           |    |
|  |              | Filing Date   |          | 2 January 2002   |              |                |          |                 |          |              |          |                    |          |          |          |                    |          |                        |          |     |     |                                   |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |              |      |  |    |                    |         |     |        |   |    |     |     |     |    |  |    |     |     |     |     |   |    |     |     |     |     |  |    |     |       |     |     |   |    |     |       |     |     |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |  |  |  |  |                           |    |  |  |  |  |                           |    |
|  |              | First Named Inventor  |          | YONG-SEOK SONG et al.  |              |                |          |                 |          |              |          |                    |          |          |          |                    |          |                        |          |     |     |                                   |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |              |      |  |    |                    |         |     |        |   |    |     |     |     |    |  |    |     |     |     |     |   |    |     |     |     |     |  |    |     |       |     |     |   |    |     |       |     |     |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |  |  |  |  |                           |    |  |  |  |  |                           |    |
|  |              | Examiner Name   |          | To be Assigned   |              |                |          |                 |          |              |          |                    |          |          |          |                    |          |                        |          |     |     |                                   |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |              |      |  |    |                    |         |     |        |   |    |     |     |     |    |  |    |     |     |     |     |   |    |     |     |     |     |  |    |     |       |     |     |   |    |     |       |     |     |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |  |  |  |  |                           |    |  |  |  |  |                           |    |
|  |              | Group/Art Unit  |          | To be Assigned   |              |                |          |                 |          |              |          |                    |          |          |          |                    |          |                        |          |     |     |                                   |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |              |      |  |    |                    |         |     |        |   |    |     |     |     |    |  |    |     |     |     |     |   |    |     |     |     |     |  |    |     |       |     |     |   |    |     |       |     |     |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |  |  |  |  |                           |    |  |  |  |  |                           |    |
| TOTAL AMOUNT OF PAYMENT  |              | (\$) <u>780.00</u>  |          | Attorney Docket No.  |              | P56631         |          |                 |          |              |          |                    |          |          |          |                    |          |                        |          |     |     |                                   |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |              |      |  |    |                    |         |     |        |   |    |     |     |     |    |  |    |     |     |     |     |   |    |     |     |     |     |  |    |     |       |     |     |   |    |     |       |     |     |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |  |  |  |  |                           |    |  |  |  |  |                           |    |
| METHOD OF PAYMENT (check one)  |              |   |          | FEE CALCULATION (continued)  |              |                |          |                 |          |              |          |                    |          |          |          |                    |          |                        |          |     |     |                                   |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |              |      |  |    |                    |         |     |        |   |    |     |     |     |    |  |    |     |     |     |     |   |    |     |     |     |     |  |    |     |       |     |     |   |    |     |       |     |     |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |  |  |  |  |                           |    |  |  |  |  |                           |    |
| 1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:  |              |   |          | 3. ADDITIONAL FEES   |              |                |          |                 |          |              |          |                    |          |          |          |                    |          |                        |          |     |     |                                   |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |              |      |  |    |                    |         |     |        |   |    |     |     |     |    |  |    |     |     |     |     |   |    |     |     |     |     |  |    |     |       |     |     |   |    |     |       |     |     |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |  |  |  |  |                           |    |  |  |  |  |                           |    |
| Deposit Account Number: <u>02-4943</u><br>Deposit Account Number: _____  |              |   |          | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>105</td> <td>130</td> <td>205</td> <td>65</td> <td>Surcharge-late filing fee or oath</td> <td>\$</td> </tr> <tr> <td>127</td> <td>50</td> <td>227</td> <td>25</td> <td>Surcharge-late provisional filing fee or cover sheet</td> <td>\$</td> </tr> <tr> <td>139</td> <td>130</td> <td>139</td> <td>130</td> <td>Non-English specification</td> <td>\$</td> </tr> <tr> <td>147</td> <td>2,520</td> <td>147</td> <td>2,520</td> <td>For filing a request for reexamination</td> <td>\$</td> </tr> <tr> <td>112</td> <td>920*</td> <td>112</td> <td>920*</td> <td>Requesting publication of SIR prior to Examiner action</td> <td>\$</td> </tr> <tr> <td>113</td> <td>1,840 *</td> <td>113</td> <td>1,840*</td> <td>Requesting publication of SIR after Examiner action</td> <td>\$</td> </tr> <tr> <td>115</td> <td>110</td> <td>215</td> <td>55</td> <td>Extension for reply within first month</td> <td>\$</td> </tr> <tr> <td>116</td> <td>400</td> <td>216</td> <td>200</td> <td>Extension for reply within second month</td> <td>\$</td> </tr> <tr> <td>117</td> <td>920</td> <td>217</td> <td>460</td> <td>Extension for reply within third month</td> <td>\$</td> </tr> <tr> <td>118</td> <td>1,440</td> <td>218</td> <td>720</td> <td>Extension for reply within fourth month</td> <td>\$</td> </tr> <tr> <td>128</td> <td>1,960</td> <td>228</td> <td>980</td> <td>Extension for reply within fifth month</td> <td>\$</td> </tr> <tr> <td>119</td> <td>320</td> <td>219</td> <td>160</td> <td>Notice of Appeal</td> <td>\$</td> </tr> <tr> <td>120</td> <td>320</td> <td>220</td> <td>160</td> <td>Filing a brief in support of an appeal</td> <td>\$</td> </tr> <tr> <td>121</td> <td>280</td> <td>221</td> <td>140</td> <td>Request for oral hearing</td> <td>\$</td> </tr> <tr> <td>138</td> <td>1,510</td> <td>138</td> <td>1,510</td> <td>Petition to institute a public use proceeding</td> <td>\$</td> </tr> <tr> <td>140</td> <td>110</td> <td>240</td> <td>55</td> <td>Petition to revive - unavoidable</td> <td>\$</td> </tr> <tr> <td>141</td> <td>1,280</td> <td>241</td> <td>640</td> <td>Petition to revive - unintentional</td> <td>\$</td> </tr> <tr> <td>142</td> <td>1,280</td> <td>242</td> <td>640</td> <td>Utility issue fee (or reissue)</td> <td>\$</td> </tr> <tr> <td>143</td> <td>460</td> <td>243</td> <td>230</td> <td>Design issue fee</td> <td>\$</td> </tr> <tr> <td>144</td> <td>620</td> <td>244</td> <td>310</td> <td>Plant issue fee</td> <td>\$</td> </tr> <tr> <td>122</td> <td>130</td> <td>122</td> <td>130</td> <td>Petitions to the Commissioner</td> <td>\$</td> </tr> <tr> <td>123</td> <td>50</td> <td>123</td> <td>50</td> <td>Petitions related to provisional applications</td> <td>\$</td> </tr> <tr> <td>126</td> <td>180</td> <td>126</td> <td>180</td> <td>Submission of Information Disclosure Statement</td> <td>\$</td> </tr> <tr> <td>581</td> <td>40</td> <td>581</td> <td>40</td> <td>Recording each patent assignment per property (Times number of properties)</td> <td>\$40.00</td> </tr> <tr> <td>146</td> <td>740</td> <td>246</td> <td>370</td> <td>Filing a submission after final rejection (37 C.F.R. §1.129(a))</td> <td>\$</td> </tr> <tr> <td>149</td> <td>740</td> <td>249</td> <td>370</td> <td>For each additional invention to be examined (37 C.F.R. §1.129(b))</td> <td>\$</td> </tr> <tr> <td colspan="4"></td> <td>Other Fee (specify) _____</td> <td>\$</td> </tr> <tr> <td colspan="4"></td> <td>Other Fee (specify) _____</td> <td>\$</td> </tr> </tbody> </table> |              |                |          | Large Entity    |          | Small Entity |          | Fee Description    | Fee Paid | Fee Code | Fee (\$) | Fee Code           | Fee (\$) | 105                    | 130      | 205 | 65  | Surcharge-late filing fee or oath | \$  | 127                               | 50 | 227 | 25  | Surcharge-late provisional filing fee or cover sheet | \$  | 139                                   | 130 | 139 | 130 | Non-English specification | \$  | 147  | 2,520 | 147 | 2,520 | For filing a request for reexamination | \$ | 112  | 920* | 112          | 920* | Requesting publication of SIR prior to Examiner action | \$ | 113                | 1,840 * | 113 | 1,840* | Requesting publication of SIR after Examiner action | \$ | 115 | 110 | 215 | 55 | Extension for reply within first month | \$ | 116 | 400 | 216 | 200 | Extension for reply within second month | \$ | 117 | 920 | 217 | 460 | Extension for reply within third month | \$ | 118 | 1,440 | 218 | 720 | Extension for reply within fourth month | \$ | 128 | 1,960 | 228 | 980 | Extension for reply within fifth month | \$ | 119 | 320 | 219 | 160 | Notice of Appeal | \$ | 120 | 320 | 220 | 160 | Filing a brief in support of an appeal | \$ | 121 | 280 | 221 | 140 | Request for oral hearing | \$ | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding | \$ | 140 | 110 | 240 | 55 | Petition to revive - unavoidable | \$ | 141 | 1,280 | 241 | 640 | Petition to revive - unintentional | \$ | 142 | 1,280 | 242 | 640 | Utility issue fee (or reissue) | \$ | 143 | 460 | 243 | 230 | Design issue fee | \$ | 144 | 620 | 244 | 310 | Plant issue fee | \$ | 122 | 130 | 122 | 130 | Petitions to the Commissioner | \$ | 123 | 50 | 123 | 50 | Petitions related to provisional applications | \$ | 126 | 180 | 126 | 180 | Submission of Information Disclosure Statement | \$ | 581 | 40 | 581 | 40 | Recording each patent assignment per property (Times number of properties) | \$40.00 | 146 | 740 | 246 | 370 | Filing a submission after final rejection (37 C.F.R. §1.129(a)) | \$ | 149 | 740 | 249 | 370 | For each additional invention to be examined (37 C.F.R. §1.129(b)) | \$ |  |  |  |  | Other Fee (specify) _____ | \$ |  |  |  |  | Other Fee (specify) _____ | \$ |
| Large Entity   |              | Small Entity  |          | Fee Description  | Fee Paid     |                |          |                 |          |              |          |                    |          |          |          |                    |          |                        |          |     |     |                                   |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |              |      |  |    |                    |         |     |        |   |    |     |     |     |    |  |    |     |     |     |     |   |    |     |     |     |     |  |    |     |       |     |     |   |    |     |       |     |     |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |  |  |  |  |                           |    |  |  |  |  |                           |    |
| Fee Code   | Fee (\$)     | Fee Code  | Fee (\$) |  |              |                |          |                 |          |              |          |                    |          |          |          |                    |          |                        |          |     |     |                                   |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |              |      |  |    |                    |         |     |        |   |    |     |     |     |    |  |    |     |     |     |     |   |    |     |     |     |     |  |    |     |       |     |     |   |    |     |       |     |     |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |  |  |  |  |                           |    |  |  |  |  |                           |    |
| 105  | 130          | 205   | 65       | Surcharge-late filing fee or oath  | \$           |                |          |                 |          |              |          |                    |          |          |          |                    |          |                        |          |     |     |                                   |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |              |      |  |    |                    |         |     |        |   |    |     |     |     |    |  |    |     |     |     |     |   |    |     |     |     |     |  |    |     |       |     |     |   |    |     |       |     |     |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |  |  |  |  |                           |    |  |  |  |  |                           |    |
| 127  | 50           | 227   | 25       | Surcharge-late provisional filing fee or cover sheet   | \$           |                |          |                 |          |              |          |                    |          |          |          |                    |          |                        |          |     |     |                                   |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |              |      |  |    |                    |         |     |        |   |    |     |     |     |    |  |    |     |     |     |     |   |    |     |     |     |     |  |    |     |       |     |     |   |    |     |       |     |     |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |  |  |  |  |                           |    |  |  |  |  |                           |    |
| 139  | 130          | 139   | 130      | Non-English specification  | \$           |                |          |                 |          |              |          |                    |          |          |          |                    |          |                        |          |     |     |                                   |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |              |      |  |    |                    |         |     |        |   |    |     |     |     |    |  |    |     |     |     |     |   |    |     |     |     |     |  |    |     |       |     |     |   |    |     |       |     |     |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |  |  |  |  |                           |    |  |  |  |  |                           |    |
| 147  | 2,520        | 147   | 2,520    | For filing a request for reexamination   | \$           |                |          |                 |          |              |          |                    |          |          |          |                    |          |                        |          |     |     |                                   |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |              |      |  |    |                    |         |     |        |   |    |     |     |     |    |  |    |     |     |     |     |   |    |     |     |     |     |  |    |     |       |     |     |   |    |     |       |     |     |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |  |  |  |  |                           |    |  |  |  |  |                           |    |
| 112  | 920*         | 112   | 920*     | Requesting publication of SIR prior to Examiner action   | \$           |                |          |                 |          |              |          |                    |          |          |          |                    |          |                        |          |     |     |                                   |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |              |      |  |    |                    |         |     |        |   |    |     |     |     |    |  |    |     |     |     |     |   |    |     |     |     |     |  |    |     |       |     |     |   |    |     |       |     |     |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |  |  |  |  |                           |    |  |  |  |  |                           |    |
| 113  | 1,840 *      | 113   | 1,840*   | Requesting publication of SIR after Examiner action  | \$           |                |          |                 |          |              |          |                    |          |          |          |                    |          |                        |          |     |     |                                   |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |              |      |  |    |                    |         |     |        |   |    |     |     |     |    |  |    |     |     |     |     |   |    |     |     |     |     |  |    |     |       |     |     |   |    |     |       |     |     |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |  |  |  |  |                           |    |  |  |  |  |                           |    |
| 115  | 110          | 215   | 55       | Extension for reply within first month   | \$           |                |          |                 |          |              |          |                    |          |          |          |                    |          |                        |          |     |     |                                   |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |              |      |  |    |                    |         |     |        |   |    |     |     |     |    |  |    |     |     |     |     |   |    |     |     |     |     |  |    |     |       |     |     |   |    |     |       |     |     |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |  |  |  |  |                           |    |  |  |  |  |                           |    |
| 116  | 400          | 216   | 200      | Extension for reply within second month  | \$           |                |          |                 |          |              |          |                    |          |          |          |                    |          |                        |          |     |     |                                   |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |              |      |  |    |                    |         |     |        |   |    |     |     |     |    |  |    |     |     |     |     |   |    |     |     |     |     |  |    |     |       |     |     |   |    |     |       |     |     |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |  |  |  |  |                           |    |  |  |  |  |                           |    |
| 117  | 920          | 217   | 460      | Extension for reply within third month   | \$           |                |          |                 |          |              |          |                    |          |          |          |                    |          |                        |          |     |     |                                   |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |              |      |  |    |                    |         |     |        |   |    |     |     |     |    |  |    |     |     |     |     |   |    |     |     |     |     |  |    |     |       |     |     |   |    |     |       |     |     |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |  |  |  |  |                           |    |  |  |  |  |                           |    |
| 118  | 1,440        | 218   | 720      | Extension for reply within fourth month  | \$           |                |          |                 |          |              |          |                    |          |          |          |                    |          |                        |          |     |     |                                   |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |              |      |  |    |                    |         |     |        |   |    |     |     |     |    |  |    |     |     |     |     |   |    |     |     |     |     |  |    |     |       |     |     |   |    |     |       |     |     |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |  |  |  |  |                           |    |  |  |  |  |                           |    |
| 128  | 1,960        | 228   | 980      | Extension for reply within fifth month   | \$           |                |          |                 |          |              |          |                    |          |          |          |                    |          |                        |          |     |     |                                   |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |              |      |  |    |                    |         |     |        |   |    |     |     |     |    |  |    |     |     |     |     |   |    |     |     |     |     |  |    |     |       |     |     |   |    |     |       |     |     |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |  |  |  |  |                           |    |  |  |  |  |                           |    |
| 119  | 320          | 219   | 160      | Notice of Appeal   | \$           |                |          |                 |          |              |          |                    |          |          |          |                    |          |                        |          |     |     |                                   |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |              |      |  |    |                    |         |     |        |   |    |     |     |     |    |  |    |     |     |     |     |   |    |     |     |     |     |  |    |     |       |     |     |   |    |     |       |     |     |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |  |  |  |  |                           |    |  |  |  |  |                           |    |
| 120  | 320          | 220   | 160      | Filing a brief in support of an appeal   | \$           |                |          |                 |          |              |          |                    |          |          |          |                    |          |                        |          |     |     |                                   |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |              |      |  |    |                    |         |     |        |   |    |     |     |     |    |  |    |     |     |     |     |   |    |     |     |     |     |  |    |     |       |     |     |   |    |     |       |     |     |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |  |  |  |  |                           |    |  |  |  |  |                           |    |
| 121  | 280          | 221   | 140      | Request for oral hearing   | \$           |                |          |                 |          |              |          |                    |          |          |          |                    |          |                        |          |     |     |                                   |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |              |      |  |    |                    |         |     |        |   |    |     |     |     |    |  |    |     |     |     |     |   |    |     |     |     |     |  |    |     |       |     |     |   |    |     |       |     |     |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |  |  |  |  |                           |    |  |  |  |  |                           |    |
| 138  | 1,510        | 138   | 1,510    | Petition to institute a public use proceeding  | \$           |                |          |                 |          |              |          |                    |          |          |          |                    |          |                        |          |     |     |                                   |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |              |      |  |    |                    |         |     |        |   |    |     |     |     |    |  |    |     |     |     |     |   |    |     |     |     |     |  |    |     |       |     |     |   |    |     |       |     |     |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |  |  |  |  |                           |    |  |  |  |  |                           |    |
| 140  | 110          | 240   | 55       | Petition to revive - unavoidable   | \$           |                |          |                 |          |              |          |                    |          |          |          |                    |          |                        |          |     |     |                                   |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |              |      |  |    |                    |         |     |        |   |    |     |     |     |    |  |    |     |     |     |     |   |    |     |     |     |     |  |    |     |       |     |     |   |    |     |       |     |     |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |  |  |  |  |                           |    |  |  |  |  |                           |    |
| 141  | 1,280        | 241   | 640      | Petition to revive - unintentional   | \$           |                |          |                 |          |              |          |                    |          |          |          |                    |          |                        |          |     |     |                                   |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |              |      |  |    |                    |         |     |        |   |    |     |     |     |    |  |    |     |     |     |     |   |    |     |     |     |     |  |    |     |       |     |     |   |    |     |       |     |     |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |  |  |  |  |                           |    |  |  |  |  |                           |    |
| 142  | 1,280        | 242   | 640      | Utility issue fee (or reissue)   | \$           |                |          |                 |          |              |          |                    |          |          |          |                    |          |                        |          |     |     |                                   |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |              |      |  |    |                    |         |     |        |   |    |     |     |     |    |  |    |     |     |     |     |   |    |     |     |     |     |  |    |     |       |     |     |   |    |     |       |     |     |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |  |  |  |  |                           |    |  |  |  |  |                           |    |
| 143  | 460          | 243   | 230      | Design issue fee   | \$           |                |          |                 |          |              |          |                    |          |          |          |                    |          |                        |          |     |     |                                   |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |              |      |  |    |                    |         |     |        |   |    |     |     |     |    |  |    |     |     |     |     |   |    |     |     |     |     |  |    |     |       |     |     |   |    |     |       |     |     |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |  |  |  |  |                           |    |  |  |  |  |                           |    |
| 144  | 620          | 244   | 310      | Plant issue fee  | \$           |                |          |                 |          |              |          |                    |          |          |          |                    |          |                        |          |     |     |                                   |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |              |      |  |    |                    |         |     |        |   |    |     |     |     |    |  |    |     |     |     |     |   |    |     |     |     |     |  |    |     |       |     |     |   |    |     |       |     |     |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |  |  |  |  |                           |    |  |  |  |  |                           |    |
| 122  | 130          | 122   | 130      | Petitions to the Commissioner  | \$           |                |          |                 |          |              |          |                    |          |          |          |                    |          |                        |          |     |     |                                   |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |              |      |  |    |                    |         |     |        |   |    |     |     |     |    |  |    |     |     |     |     |   |    |     |     |     |     |  |    |     |       |     |     |   |    |     |       |     |     |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |  |  |  |  |                           |    |  |  |  |  |                           |    |
| 123  | 50           | 123   | 50       | Petitions related to provisional applications  | \$           |                |          |                 |          |              |          |                    |          |          |          |                    |          |                        |          |     |     |                                   |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |              |      |  |    |                    |         |     |        |   |    |     |     |     |    |  |    |     |     |     |     |   |    |     |     |     |     |  |    |     |       |     |     |   |    |     |       |     |     |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |  |  |  |  |                           |    |  |  |  |  |                           |    |
| 126  | 180          | 126   | 180      | Submission of Information Disclosure Statement   | \$           |                |          |                 |          |              |          |                    |          |          |          |                    |          |                        |          |     |     |                                   |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |              |      |  |    |                    |         |     |        |   |    |     |     |     |    |  |    |     |     |     |     |   |    |     |     |     |     |  |    |     |       |     |     |   |    |     |       |     |     |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |  |  |  |  |                           |    |  |  |  |  |                           |    |
| 581  | 40           | 581   | 40       | Recording each patent assignment per property (Times number of properties)   | \$40.00      |                |          |                 |          |              |          |                    |          |          |          |                    |          |                        |          |     |     |                                   |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |              |      |  |    |                    |         |     |        |   |    |     |     |     |    |  |    |     |     |     |     |   |    |     |     |     |     |  |    |     |       |     |     |   |    |     |       |     |     |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |  |  |  |  |                           |    |  |  |  |  |                           |    |
| 146  | 740          | 246   | 370      | Filing a submission after final rejection (37 C.F.R. §1.129(a))  | \$           |                |          |                 |          |              |          |                    |          |          |          |                    |          |                        |          |     |     |                                   |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |              |      |  |    |                    |         |     |        |   |    |     |     |     |    |  |    |     |     |     |     |   |    |     |     |     |     |  |    |     |       |     |     |   |    |     |       |     |     |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |  |  |  |  |                           |    |  |  |  |  |                           |    |
| 149  | 740          | 249   | 370      | For each additional invention to be examined (37 C.F.R. §1.129(b))   | \$           |                |          |                 |          |              |          |                    |          |          |          |                    |          |                        |          |     |     |                                   |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |              |      |  |    |                    |         |     |        |   |    |     |     |     |    |  |    |     |     |     |     |   |    |     |     |     |     |  |    |     |       |     |     |   |    |     |       |     |     |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |  |  |  |  |                           |    |  |  |  |  |                           |    |
|  |              |   |          | Other Fee (specify) _____  | \$           |                |          |                 |          |              |          |                    |          |          |          |                    |          |                        |          |     |     |                                   |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |              |      |  |    |                    |         |     |        |   |    |     |     |     |    |  |    |     |     |     |     |   |    |     |     |     |     |  |    |     |       |     |     |   |    |     |       |     |     |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |  |  |  |  |                           |    |  |  |  |  |                           |    |
|  |              |   |          | Other Fee (specify) _____  | \$           |                |          |                 |          |              |          |                    |          |          |          |                    |          |                        |          |     |     |                                   |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |              |      |  |    |                    |         |     |        |   |    |     |     |     |    |  |    |     |     |     |     |   |    |     |     |     |     |  |    |     |       |     |     |   |    |     |       |     |     |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |  |  |  |  |                           |    |  |  |  |  |                           |    |
| 2. <input type="checkbox"/> Charge Any Additional Fee Required Under 37 C.F.R. §1.16 and 1.17.<br><input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27  |              |   |          |  |              |                |          |                 |          |              |          |                    |          |          |          |                    |          |                        |          |     |     |                                   |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |              |      |  |    |                    |         |     |        |   |    |     |     |     |    |  |    |     |     |     |     |   |    |     |     |     |     |  |    |     |       |     |     |   |    |     |       |     |     |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |  |  |  |  |                           |    |  |  |  |  |                           |    |
| 2. <input checked="" type="checkbox"/> Payment Enclosed:<br>(CHECK #40860 & #40861)<br><input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other  |              |   |          |  |              |                |          |                 |          |              |          |                    |          |          |          |                    |          |                        |          |     |     |                                   |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |              |      |  |    |                    |         |     |        |   |    |     |     |     |    |  |    |     |     |     |     |   |    |     |     |     |     |  |    |     |       |     |     |   |    |     |       |     |     |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |  |  |  |  |                           |    |  |  |  |  |                           |    |
| FEE CALCULATION  |              |   |          |  |              |                |          |                 |          |              |          |                    |          |          |          |                    |          |                        |          |     |     |                                   |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |              |      |  |    |                    |         |     |        |   |    |     |     |     |    |  |    |     |     |     |     |   |    |     |     |     |     |  |    |     |       |     |     |   |    |     |       |     |     |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |  |  |  |  |                           |    |  |  |  |  |                           |    |
| 1. BASIC FILING FEE  |              |   |          |  |              |                |          |                 |          |              |          |                    |          |          |          |                    |          |                        |          |     |     |                                   |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |              |      |  |    |                    |         |     |        |   |    |     |     |     |    |  |    |     |     |     |     |   |    |     |     |     |     |  |    |     |       |     |     |   |    |     |       |     |     |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |  |  |  |  |                           |    |  |  |  |  |                           |    |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>101</td> <td>740</td> <td>201</td> <td>370</td> <td>Utility filing fee</td> <td>\$740.00</td> </tr> <tr> <td>106</td> <td>330</td> <td>206</td> <td>165</td> <td>Design filing fee</td> <td>\$</td> </tr> <tr> <td>107</td> <td>510</td> <td>207</td> <td>255</td> <td>Plant filing fee</td> <td>\$</td> </tr> <tr> <td>108</td> <td>740</td> <td>208</td> <td>370</td> <td>Reissue filing fee</td> <td>\$</td> </tr> <tr> <td>114</td> <td>160</td> <td>214</td> <td>80</td> <td>Provisional filing fee</td> <td>\$</td> </tr> <tr> <td colspan="4" style="text-align: right;">SUBTOTAL (1)</td> <td colspan="2">(\$)<u>740.00</u></td> </tr> </tbody> </table>  |              |   |          | Large Entity   |              | Small Entity   |          | Fee Description | Fee Paid | Fee Code     | Fee (\$) | Fee Code           | Fee (\$) | 101      | 740      | 201                | 370      | Utility filing fee     | \$740.00 | 106 | 330 | 206                               | 165 | Design filing fee                 | \$ | 107 | 510 | 207  | 255 | Plant filing fee                      | \$  | 108 | 740 | 208                       | 370 | Reissue filing fee                                 | \$    | 114 | 160   | 214                                    | 80 | Provisional filing fee                                     | \$   | SUBTOTAL (1) |      |  |    | (\$) <u>740.00</u> |         |     |        |   |    |     |     |     |    |  |    |     |     |     |     |   |    |     |     |     |     |  |    |     |       |     |     |   |    |     |       |     |     |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |  |  |  |  |                           |    |  |  |  |  |                           |    |
| Large Entity   |              | Small Entity  |          | Fee Description  | Fee Paid     |                |          |                 |          |              |          |                    |          |          |          |                    |          |                        |          |     |     |                                   |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |              |      |  |    |                    |         |     |        |   |    |     |     |     |    |  |    |     |     |     |     |   |    |     |     |     |     |  |    |     |       |     |     |   |    |     |       |     |     |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |  |  |  |  |                           |    |  |  |  |  |                           |    |
| Fee Code   | Fee (\$)     | Fee Code  | Fee (\$) |  |              |                |          |                 |          |              |          |                    |          |          |          |                    |          |                        |          |     |     |                                   |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |              |      |  |    |                    |         |     |        |   |    |     |     |     |    |  |    |     |     |     |     |   |    |     |     |     |     |  |    |     |       |     |     |   |    |     |       |     |     |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |  |  |  |  |                           |    |  |  |  |  |                           |    |
| 101  | 740          | 201   | 370      | Utility filing fee   | \$740.00     |                |          |                 |          |              |          |                    |          |          |          |                    |          |                        |          |     |     |                                   |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |              |      |  |    |                    |         |     |        |   |    |     |     |     |    |  |    |     |     |     |     |   |    |     |     |     |     |  |    |     |       |     |     |   |    |     |       |     |     |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |  |  |  |  |                           |    |  |  |  |  |                           |    |
| 106  | 330          | 206   | 165      | Design filing fee  | \$           |                |          |                 |          |              |          |                    |          |          |          |                    |          |                        |          |     |     |                                   |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |              |      |  |    |                    |         |     |        |   |    |     |     |     |    |  |    |     |     |     |     |   |    |     |     |     |     |  |    |     |       |     |     |   |    |     |       |     |     |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |  |  |  |  |                           |    |  |  |  |  |                           |    |
| 107  | 510          | 207   | 255      | Plant filing fee   | \$           |                |          |                 |          |              |          |                    |          |          |          |                    |          |                        |          |     |     |                                   |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |              |      |  |    |                    |         |     |        |   |    |     |     |     |    |  |    |     |     |     |     |   |    |     |     |     |     |  |    |     |       |     |     |   |    |     |       |     |     |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |  |  |  |  |                           |    |  |  |  |  |                           |    |
| 108  | 740          | 208   | 370      | Reissue filing fee   | \$           |                |          |                 |          |              |          |                    |          |          |          |                    |          |                        |          |     |     |                                   |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |              |      |  |    |                    |         |     |        |   |    |     |     |     |    |  |    |     |     |     |     |   |    |     |     |     |     |  |    |     |       |     |     |   |    |     |       |     |     |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |  |  |  |  |                           |    |  |  |  |  |                           |    |
| 114  | 160          | 214   | 80       | Provisional filing fee   | \$           |                |          |                 |          |              |          |                    |          |          |          |                    |          |                        |          |     |     |                                   |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |              |      |  |    |                    |         |     |        |   |    |     |     |     |    |  |    |     |     |     |     |   |    |     |     |     |     |  |    |     |       |     |     |   |    |     |       |     |     |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |  |  |  |  |                           |    |  |  |  |  |                           |    |
| SUBTOTAL (1)   |              |   |          | (\$) <u>740.00</u>   |              |                |          |                 |          |              |          |                    |          |          |          |                    |          |                        |          |     |     |                                   |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |              |      |  |    |                    |         |     |        |   |    |     |     |     |    |  |    |     |     |     |     |   |    |     |     |     |     |  |    |     |       |     |     |   |    |     |       |     |     |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |  |  |  |  |                           |    |  |  |  |  |                           |    |
| 2. EXTRA CLAIM FEES  |              |   |          |  |              |                |          |                 |          |              |          |                    |          |          |          |                    |          |                        |          |     |     |                                   |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |              |      |  |    |                    |         |     |        |   |    |     |     |     |    |  |    |     |     |     |     |   |    |     |     |     |     |  |    |     |       |     |     |   |    |     |       |     |     |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |  |  |  |  |                           |    |  |  |  |  |                           |    |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total claims</td> <td>17</td> <td>-20** =</td> <td>x =</td> </tr> <tr> <td>Independent Claims</td> <td>2</td> <td>-3** =</td> <td>x =</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td>=</td> </tr> </tbody> </table> <p>** or number previously paid, if greater, For Reissues, see below</p>   |              |   |          |  | Extra Claims | Fee from below | Fee Paid | Total claims    | 17       | -20** =      | x =      | Independent Claims | 2        | -3** =   | x =      | Multiple Dependent |          |                        | =        |     |     |                                   |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |              |      |  |    |                    |         |     |        |   |    |     |     |     |    |  |    |     |     |     |     |   |    |     |     |     |     |  |    |     |       |     |     |   |    |     |       |     |     |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |  |  |  |  |                           |    |  |  |  |  |                           |    |
|  | Extra Claims | Fee from below  | Fee Paid |  |              |                |          |                 |          |              |          |                    |          |          |          |                    |          |                        |          |     |     |                                   |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |              |      |  |    |                    |         |     |        |   |    |     |     |     |    |  |    |     |     |     |     |   |    |     |     |     |     |  |    |     |       |     |     |   |    |     |       |     |     |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |  |  |  |  |                           |    |  |  |  |  |                           |    |
| Total claims   | 17           | -20** =   | x =      |  |              |                |          |                 |          |              |          |                    |          |          |          |                    |          |                        |          |     |     |                                   |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |              |      |  |    |                    |         |     |        |   |    |     |     |     |    |  |    |     |     |     |     |   |    |     |     |     |     |  |    |     |       |     |     |   |    |     |       |     |     |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |  |  |  |  |                           |    |  |  |  |  |                           |    |
| Independent Claims   | 2            | -3** =  | x =      |  |              |                |          |                 |          |              |          |                    |          |          |          |                    |          |                        |          |     |     |                                   |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |              |      |  |    |                    |         |     |        |   |    |     |     |     |    |  |    |     |     |     |     |   |    |     |     |     |     |  |    |     |       |     |     |   |    |     |       |     |     |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |  |  |  |  |                           |    |  |  |  |  |                           |    |
| Multiple Dependent   |              |   | =        |  |              |                |          |                 |          |              |          |                    |          |          |          |                    |          |                        |          |     |     |                                   |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |              |      |  |    |                    |         |     |        |   |    |     |     |     |    |  |    |     |     |     |     |   |    |     |     |     |     |  |    |     |       |     |     |   |    |     |       |     |     |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |  |  |  |  |                           |    |  |  |  |  |                           |    |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>103</td> <td>18</td> <td>203</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>102</td> <td>84</td> <td>202</td> <td>42</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>104</td> <td>280</td> <td>204</td> <td>140</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>109</td> <td>84</td> <td>209</td> <td>42</td> <td>** Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>110</td> <td>18</td> <td>210</td> <td>9</td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="4" style="text-align: right;">SUBTOTAL (2)</td> <td colspan="2">(\$)<u>.00</u></td> </tr> </tbody> </table> |              |   |          | Large Entity   |              | Small Entity   |          | Fee Description | Fee Paid | Fee Code     | Fee (\$) | Fee Code           | Fee (\$) | 103      | 18       | 203                | 9        | Claims in excess of 20 |          | 102 | 84  | 202                               | 42  | Independent claims in excess of 3 |    | 104 | 280 | 204  | 140 | Multiple dependent claim, if not paid |     | 109 | 84  | 209                       | 42  | ** Reissue independent claims over original patent |       | 110 | 18    | 210                                    | 9  | ** Reissue claims in excess of 20 and over original patent |      | SUBTOTAL (2) |      |  |    | (\$) <u>.00</u>    |         |     |        |   |    |     |     |     |    |  |    |     |     |     |     |   |    |     |     |     |     |  |    |     |       |     |     |   |    |     |       |     |     |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |  |  |  |  |                           |    |  |  |  |  |                           |    |
| Large Entity   |              | Small Entity  |          | Fee Description  | Fee Paid     |                |          |                 |          |              |          |                    |          |          |          |                    |          |                        |          |     |     |                                   |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |              |      |  |    |                    |         |     |        |   |    |     |     |     |    |  |    |     |     |     |     |   |    |     |     |     |     |  |    |     |       |     |     |   |    |     |       |     |     |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |  |  |  |  |                           |    |  |  |  |  |                           |    |
| Fee Code   | Fee (\$)     | Fee Code  | Fee (\$) |  |              |                |          |                 |          |              |          |                    |          |          |          |                    |          |                        |          |     |     |                                   |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |              |      |  |    |                    |         |     |        |   |    |     |     |     |    |  |    |     |     |     |     |   |    |     |     |     |     |  |    |     |       |     |     |   |    |     |       |     |     |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |  |  |  |  |                           |    |  |  |  |  |                           |    |
| 103  | 18           | 203   | 9        | Claims in excess of 20   |              |                |          |                 |          |              |          |                    |          |          |          |                    |          |                        |          |     |     |                                   |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |              |      |  |    |                    |         |     |        |   |    |     |     |     |    |  |    |     |     |     |     |   |    |     |     |     |     |  |    |     |       |     |     |   |    |     |       |     |     |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |  |  |  |  |                           |    |  |  |  |  |                           |    |
| 102  | 84           | 202   | 42       | Independent claims in excess of 3  |              |                |          |                 |          |              |          |                    |          |          |          |                    |          |                        |          |     |     |                                   |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |              |      |  |    |                    |         |     |        |   |    |     |     |     |    |  |    |     |     |     |     |   |    |     |     |     |     |  |    |     |       |     |     |   |    |     |       |     |     |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |  |  |  |  |                           |    |  |  |  |  |                           |    |
| 104  | 280          | 204   | 140      | Multiple dependent claim, if not paid  |              |                |          |                 |          |              |          |                    |          |          |          |                    |          |                        |          |     |     |                                   |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |              |      |  |    |                    |         |     |        |   |    |     |     |     |    |  |    |     |     |     |     |   |    |     |     |     |     |  |    |     |       |     |     |   |    |     |       |     |     |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |  |  |  |  |                           |    |  |  |  |  |                           |    |
| 109  | 84           | 209   | 42       | ** Reissue independent claims over original patent   |              |                |          |                 |          |              |          |                    |          |          |          |                    |          |                        |          |     |     |                                   |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |              |      |  |    |                    |         |     |        |   |    |     |     |     |    |  |    |     |     |     |     |   |    |     |     |     |     |  |    |     |       |     |     |   |    |     |       |     |     |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |  |  |  |  |                           |    |  |  |  |  |                           |    |
| 110  | 18           | 210   | 9        | ** Reissue claims in excess of 20 and over original patent   |              |                |          |                 |          |              |          |                    |          |          |          |                    |          |                        |          |     |     |                                   |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |              |      |  |    |                    |         |     |        |   |    |     |     |     |    |  |    |     |     |     |     |   |    |     |     |     |     |  |    |     |       |     |     |   |    |     |       |     |     |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |  |  |  |  |                           |    |  |  |  |  |                           |    |
| SUBTOTAL (2)   |              |   |          | (\$) <u>.00</u>  |              |                |          |                 |          |              |          |                    |          |          |          |                    |          |                        |          |     |     |                                   |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |              |      |  |    |                    |         |     |        |   |    |     |     |     |    |  |    |     |     |     |     |   |    |     |     |     |     |  |    |     |       |     |     |   |    |     |       |     |     |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |  |  |  |  |                           |    |  |  |  |  |                           |    |
|  |              |   |          | SUBTOTAL (3) \$40.00   |              |                |          |                 |          |              |          |                    |          |          |          |                    |          |                        |          |     |     |                                   |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |              |      |  |    |                    |         |     |        |   |    |     |     |     |    |  |    |     |     |     |     |   |    |     |     |     |     |  |    |     |       |     |     |   |    |     |       |     |     |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |  |  |  |  |                           |    |  |  |  |  |                           |    |
| SUBMITTED BY   |              |   |          | Complete (if applicable)   |              |                |          |                 |          |              |          |                    |          |          |          |                    |          |                        |          |     |     |                                   |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |              |      |  |    |                    |         |     |        |   |    |     |     |     |    |  |    |     |     |     |     |   |    |     |     |     |     |  |    |     |       |     |     |   |    |     |       |     |     |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |  |  |  |  |                           |    |  |  |  |  |                           |    |
| Typed or Printed Name  |              | Robert E. Bushnell, Esq.  |          | Reg. Number  |              | 27,774         |          |                 |          |              |          |                    |          |          |          |                    |          |                        |          |     |     |                                   |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |              |      |  |    |                    |         |     |        |   |    |     |     |     |    |  |    |     |     |     |     |   |    |     |     |     |     |  |    |     |       |     |     |   |    |     |       |     |     |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |  |  |  |  |                           |    |  |  |  |  |                           |    |
| Signature  |              |  |          | Date   |              | 2 January 2002 |          |                 |          |              |          |                    |          |          |          |                    |          |                        |          |     |     |                                   |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |              |      |  |    |                    |         |     |        |   |    |     |     |     |    |  |    |     |     |     |     |   |    |     |     |     |     |  |    |     |       |     |     |   |    |     |       |     |     |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |  |  |  |  |                           |    |  |  |  |  |                           |    |
|  |              |   |          | Deposit Account User ID  |              |                |          |                 |          |              |          |                    |          |          |          |                    |          |                        |          |     |     |                                   |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |              |      |  |    |                    |         |     |        |   |    |     |     |     |    |  |    |     |     |     |     |   |    |     |     |     |     |  |    |     |       |     |     |   |    |     |       |     |     |  |    |     |     |     |     |                  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |       |     |       |   |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |                                |    |     |     |     |     |                  |    |     |     |     |     |                 |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |  |    |     |    |     |    |  |         |     |     |     |     |   |    |     |     |     |     |  |    |  |  |  |  |                           |    |  |  |  |  |                           |    |

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